

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Health and Human Services Agency

Division/Unit: South Region Public Health Center

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

| | | | | | | | |
|----------|---|-------|-----|---|---------|---|------------|
| No. Vol. | 7 | Hours | 456 | X | \$18.04 | = | \$8,226.24 |
|----------|---|-------|-----|---|---------|---|------------|

Types of work performed by GENERAL VOLUNTEERS in this category:

Clerical support such as: preparing resources packets for distribution to the public
and staff, copying, shredding, distributing mail, filing charts and ordering forms.

Customer service such as: greeting clients, and screening phone calls.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

| | | | | | | | |
|----------|--|-------|--|---|---------|---|--------|
| No. Vol. | | Hours | | X | \$18.04 | = | \$0.00 |
|----------|--|-------|--|---|---------|---|--------|

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, **physician**, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

| <u>Position</u> | <u>Hours</u> | <u>X</u> | <u>VCL</u> | <u>=</u> | <u>Dollar Benefit</u> |
|-----------------|--------------|----------|----------------|----------|-----------------------|
| <u>1</u> | <u>96</u> | | <u>\$55.36</u> | | <u>\$5,314.56</u> |
| | | | | | <u>\$0.00</u> |

| | | | | | |
|----------|----|-------------|----|-------------|------------|
| No. Vol. | 01 | Total Hours | 96 | Total Value | \$5,314.56 |
|----------|----|-------------|----|-------------|------------|

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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Pediatric health assessment screening

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

| <u>No. of Volunteers</u> | <u>Hours</u> | <u>Dollar Benefit</u> |
|--------------------------|--------------|-----------------------|
| <u>7</u> | <u>456</u> | <u>\$8,226</u> |
| <u>0</u> | <u>0</u> | <u>\$0</u> |
| <u>01</u> | <u>96</u> | <u>\$5,315</u> |

| | | | | | |
|---------------|----------|--------------------|------------|--------------------|--------------------|
| TOTALS | 8 | Total Hours | 552 | Total Value | \$13,540.80 |
|---------------|----------|--------------------|------------|--------------------|--------------------|

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: Ergonomic pens Value: \$10.00

Item Donated: Value:

Item Donated: Value:

Item Donated: Value:

TOTAL VALUE = \$10.00

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] **directly supervising** program volunteers.)

hours 47 X rate \$18.67

\$877.49

- b. **Cost of program coordination** (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, statistics, job description preparation, volunteer placement, recognition, etc.)

Hours 31 X Rate \$17.00

\$527.00

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,404.49

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$13,540.80

b. Total of Donations to Volunteer Program, Item 3 \$10.00

c. Subtract Total of program Costs, Item 4d \$1,404.49

TOTAL PROGRAM BENEFIT:

\$12,146.31

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6. RECRUITING:

Please describe your recruiting programs:

CalWORKs Welfare-to-Work, Work Experience/Community Service applicants and
nursing internships.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Volunteer of the Month Nomination in the month of April 2006.

On-the-Spot Recognition Awards

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Extend volunteering services to the Family Resource Center

Motivate volunteers for a long-term volunteering commitment

9. GENERAL INFORMATION:

Name of person completing report: Angelica Pimentel

Phone: 619 409-3418 Mail Stop: P504 E-Mail: angelica.pimentel.@sdcount

Volunteer Coordinator: Angelica Pimentel

Phone: 619 409-3418 Mail Stop: P504 E-Mail: angelica.pimentel.@sdcount

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

7.14.06

DATE

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